

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. **791**

Primary Registration District No. **1003**

File No. **22272**

Registered No. **6048**

Ward.....

2. FULL NAME Wulu Arnold

(a) Residence, No. 2307 St. Charles St., 20 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Thea Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 6 - 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or mos.

36

7

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Ball's Country
(STATE OR COUNTRY) Pulaski Country Ark

13. NAME

George Lee

14. BIRTHPLACE (CITY OR TOWN) Ball's Country
(STATE OR COUNTRY) Pulaski Country Ark

15. MAIDEN NAME

Mary Wiley

16. BIRTHPLACE (CITY OR TOWN) Ball's Country
(STATE OR COUNTRY) Pulaski Country

17. INFORMANT Willie Hairston
(ADDRESS) 2029 Carr Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE June 20th 1934

19. UNDERTAKER Wm. T. Randle
(ADDRESS) 1215 W. Regard Ave

20. FILED IN 20 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1934

22. I HEREBY CERTIFY, That I attended deceased from March 13 1934 to June 16 1934

I last saw her alive on June 16 1934. Death is said to have occurred on the date stated above, at 10:50 AM.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis (Bis)

Date of onset

1200 140

Other contributory causes of importance:

Septic abortion
Pituitary degenerating fibroid
Chr. Appendicitis

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

(Address) St. Mary's Infirmary M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

